

CERTIFIED MAIL: 7005 0390 0002 2643 6120
RETRURN RECEIPT REQUESTED

June 27, 2008

Ms. Morgan Elliston
Division of Water, KPDES Branch
Department of Environmental Protection
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601



RE; GRAND RIVERS TERMINAL NO. 1 & 4
APPLICATION FOR RENEWAL OF WATER DISCHARGE PERMIT

Dear Ms. Morgan Elliston:

Enclosed is our application for renewal of the above-captioned water permit and a check in the amount of \$1200.00 for the required fee.

If there are questions concerning this application, please contact me at 207-928-4638.

Sincerely Yours,

Ralph Fielder
Facility Manager
Grand Rivers Terminal
1020 Dover Road
Grand Rivers, Kentucky 42045

Cc: Tammy Moeller-Clark

Cc: Jim Heap

KPDES FORM 1

2731

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 3 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$1200.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0067423
A. Name of business, municipality, company, etc. requesting permit KINDER MORGAN BULK TERMINALS, INC (KMBT)			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
KMBT GRAND RIVERS TERMINAL, NOS 1 AND 4		Mr. Ralph D. Fielder, Terminal Manager	
Facility Location Address (i.e. street, road, etc., not PO Box):		Mailing Address:	
1020 DOVER ROAD		1020 Dover Road	
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:	
GRAND RIVERS, KY 42045		Grand Rivers, KY 42045	
		Facility Contact Telephone Number:	
		(270) 928-4638 Ext 23	

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: BULK MARINE TRANSFER FACILITY CONTAINING CONVEYORS AND STORAGE AREAS			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	4491 - MARINE CARGO HANDLING		
Other SIC Codes:	NA		

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: LIVINGSTON	City where facility is located (if applicable): LAKE CITY
C. Body of water receiving discharge: RUSSELL CREEK TO TENNESSE RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 37 DEG 01 MIN 55 SEC	Facility Site Longitude (degrees, minutes, seconds): 88 DEG 15 MIN 42 SEC
E. Method used to obtain latitude & longitude (see instructions): TOPOGRAPHY MAP COORDINATES	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 72-1073113	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

RALPH D. FIELDER

Telephone Number:

(270) 928-4638 Ext 23

Operator Mailing Address (Street):

1020 DOVER ROAD

Operator Mailing Address (City, State, Zip Code):

GRAND RIVERS, KY 42045

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☒

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0067423

Issue Date of Current Permit:

3/28/2005

Expiration Date of Current Permit:

2/28/2009

Number of Times Permit Reissued:

1

Date of Original Permit Issuance:

07/17/1994

Sludge Disposal Permit Number:

NA

Kentucky DOW Operational Permit #:

NA

Kentucky DSMRE Permit Number(s):

NA

-

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	AIR PERMIT S-00-089	NA
Solid or Special Waste	NA	NA
Hazardous Waste - Registration or Permit	NA	NA

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	RALPH D. FIELDER, TERMINAL MANAGER
DMR Official Telephone Number:	(270) 928-4638 Ext 23

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	SAME AS SECTION 1
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

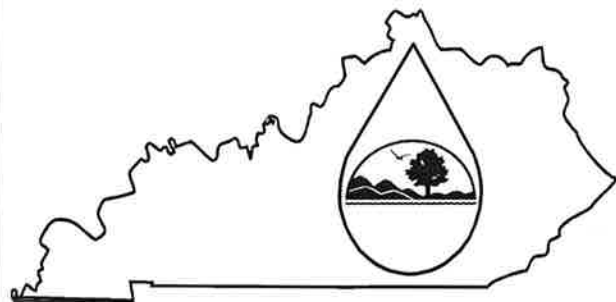
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	1,200

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> RALPH D. FIELDER, TERMINAL MANAGER	(270) 928-4638 Ext 23
SIGNATURE	DATE:
	6/27/08

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 3 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	37	01	45	88	15	50	RUSSELL CREEK
002	37	01	05	88	15	25	KENTUCKY LAKE/TN.RIVER

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NONE					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	23 ACRES	24 ACRES			
002	20 ACRES	26 ACRES			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.


Coal, petroleum coke, ore products and/or limestone and other construction aggregates are loaded/unloaded to and from rail cars, trucks and barges. The primary product handled at the facility is coal. Coal (and possibly other products) is stored on outdoor pads. Runoff from storage areas flows into ponds for settling of particulates. Discharges occur only after runoff exceeds pond capacity.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
001	Settling pond designed to contain storm water runoff	I-U
002	Settling pond designed to contain storm water runoff	I-U

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
RALPH D. FIELDER, TERMINAL MANAGER		6/27/08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VISUAL OBSERVATION OF OPEN DITCHES AT FACILITY DURING DRY WEATHER.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NO LEAKS OR SPILLS

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
McCoy & McCoy Laboratories, Inc.	P.O. Box 907 85 East Noel Avenue Madisonville, KY 42431	(270) 821-7375	TSS, Hardness, Total Recoverable Iron, Total Phenol and Total Recoverable Metals

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ RALPH D. FIELDER, TERMINAL MANAGER

(270) 928-4638

SIGNATURE

DATE SIGNED

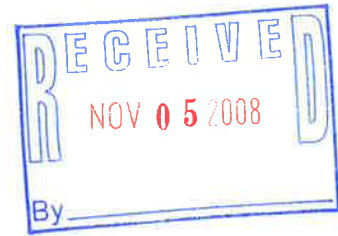


6/27/08



November 3, 2008

Division of Water, Surface Water Permits Branch
ATTN: Mr. William Shane
200 Fair Oaks Lane
Frankfort, Kentucky 40601



RE: KPDES Application Notice of Deficiency
Grand Rivers Terminal, Permit No. KY0067423
KMBT Grand Rivers Terminal, Nos. 1 and 4
AI ID: 2731
Livingston County, Kentucky

Dear Mr. Shane,

Enclosed are the completed Forms requested for outfalls 001 and 002, along with a copy of the certificate of analysis from Microbac Laboratories, Inc.

If there are any questions, please contact Michael Long, EHS Manager at 207-928-4638, or Jim Heap, EHS Specialist at Kinder Morgan Mid-West Terminals at 708-496-2872.

Sincerely,

A handwritten signature in black ink that reads 'Michael K. Long'. The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Michael K. Long
EHS Manager

Cc: Jim Heap,
Sr. EHS Specialist
8500 W 68th St
Argo, IL 60501-0409

OUTFALL NO: 001

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<5	N/A				
Biological Oxygen Demand BOD ₅	<5	N/A				
Chemical Oxygen Demand (COD)	<10	N/A				
Total Suspended Solids (TSS)	7	N/A				
Total Kjeldahl Nitrogen	1.5	N/A				
Nitrate plus Nitrite Nitrogen	<1.3	N/A				
Total Phosphorus	<0.050	N/A				
pH	Minimum	Maximum	Minimum	Maximum	7.46	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

OUTFALL NO: 002

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<5	N/A				
Biological Oxygen Demand						
BOD ₅	<5	N/A				
Chemical Oxygen Demand (COD)	32	N/A				
Total Suspended Solids (TSS)	<10	N/A				
Total Kjeldahl Nitrogen	<0.40	N/A				
Nitrate plus Nitrite Nitrogen	<1.3	N/A				
Total Phosphorus	0.053	N/A				
pH	Minimum	Maximum	Minimum	Maximum	7.7	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]



Microbac Laboratories, Inc.

KENTUCKY TESTING LABORATORY DIVISION
3323 Gilmore Industrial Blvd. Louisville, KY 40213 502.962.6400 Fax: 502.962.6411
Lexington 859.276.9506 • Paducah 270.898.8637 • Evansville 812.464.9000



Chemical, Biological, Physical, Molecular, and Toxicological Services

CERTIFICATE OF ANALYSIS

0810-01621

GRAND RIVERS TERMINAL
J.A. RUDD
1020 DOVER ROAD
GRAND RIVERS, KY 42045

Date Reported 10/31/2008
Date Due 10/29/2008
Date Received 10/24/2008
Date Sampled 10/24/2008
Invoice No. 36018
Customer # 5150
Customer P.O.

GRAND RIVERS TERMINAL / WASTEWATER RUSH

Analysis	Out of Spec	Qualif	Result	Unit	Min	Max	Method	Cus Limit	Std Limit	Date	Time	Tech
Sample: 001 001 GRT #1 PERMIT SPECIAL SAMPLES Date & Time Sampled: 10/24/2008 @ 8:30												
FLOW BY MEASUREMENT & CALC.			0.0864	MGD			EPA 600			10/24/08	8:30	CUS
PH, FIELD			7.46	SU	6.0	9.0	SM 4500 H+ B			10/24/08	0:00	CUS
TEMPERATURE AT PH READING			14.8	DEG C			SM 2550B			10/24/08	8:30	CUS
SOLIDS, TOTAL SUSPENDED			7	MG/L		30	I-3765-85	5		10/27/08	12:00	JMJ
OIL AND GREASE, TOTAL			<5	MG/L		10	EPA 1664A	5		10/27/08	16:00	ASC
IRON, TOTAL RECOVERABLE			0.23	MG/L		1.0	EPA 200.7	0.05		10/28/08	15:00	MSR
NITROGEN, TOTAL KJELDAHL			1.5	MG/L			SM 4500-NH3 G	0.4		10/29/08	18:15	AFB
NITROGEN, NITRATE + NITRITE	E1		<1.3	MG/L			EPA 300.0	0.5		10/25/08	13:00	JPM
COD			<10	MG/L			SM5220D	10		10/28/08	12:00	JRV
BOD, 5 DAY			<5	MG/L			SM 5210B	2		10/25/08	10:00	LER
PHOSPHORUS, TOTAL			<0.050	MG/L			EPA 365.1	0.01		10/29/08	20:34	JPM
DATE DIGESTED TKN - MICRO			COMPLETED	---			SM 4500-Norg C			10/27/08	14:00	CMA

Sample: 003 002 GRT #4 PERMIT SPECIAL SAMPLES Date & Time Sampled: 10/24/2008 @ 8:30												
FLOW BY MEASUREMENT & CALC.			0.0576	MGD			EPA 600			10/24/08	8:30	CUS
PH, FIELD			7.7	SU	6.0	9.0	SM 4500 H+ B			10/24/08	8:30	CUS
TEMPERATURE AT PH READING			15.2	DEG C			SM 2550B			10/24/08	8:30	CUS
SOLIDS, TOTAL SUSPENDED			<10	MG/L		30	I-3765-85	5		10/27/08	12:00	JMJ
OIL AND GREASE, TOTAL			<5	MG/L		10	EPA 1664A	5		10/27/08	16:00	ASC
IRON, TOTAL RECOVERABLE			0.18	MG/L		1.0	EPA 200.7	0.05		10/28/08	15:00	MSR
NITROGEN, TOTAL KJELDAHL			<0.40	MG/L			SM 4500-NH3 G	0.4		10/29/08	18:21	AFB
NITROGEN, NITRATE + NITRITE	E1		<1.3	MG/L			EPA 300.0	0.5		10/25/08	13:13	JPM
COD			32	MG/L			SM5220D	10		10/28/08	12:00	JRV
BOD, 5 DAY			<5	MG/L			SM 5210B	2		10/25/08	10:00	LER
PHOSPHORUS, TOTAL			0.053	MG/L			EPA 365.1	0.01		10/29/08	20:35	JPM
DATE DIGESTED TKN - MICRO			COMPLETED	---			SM 4500-Norg C			10/27/08	14:00	CMA

UNLESS OTHERWISE NOTED, SAMPLES RESULTS ARE REPORTED ON AN AS RECEIVED BASIS

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE:

DR. Clifton

MICROBAC LABORATORIES, INC.

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA	NA	NA	NA	NA	NA

7. Provide a description of the method of flow measurement or estimate.

NA

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

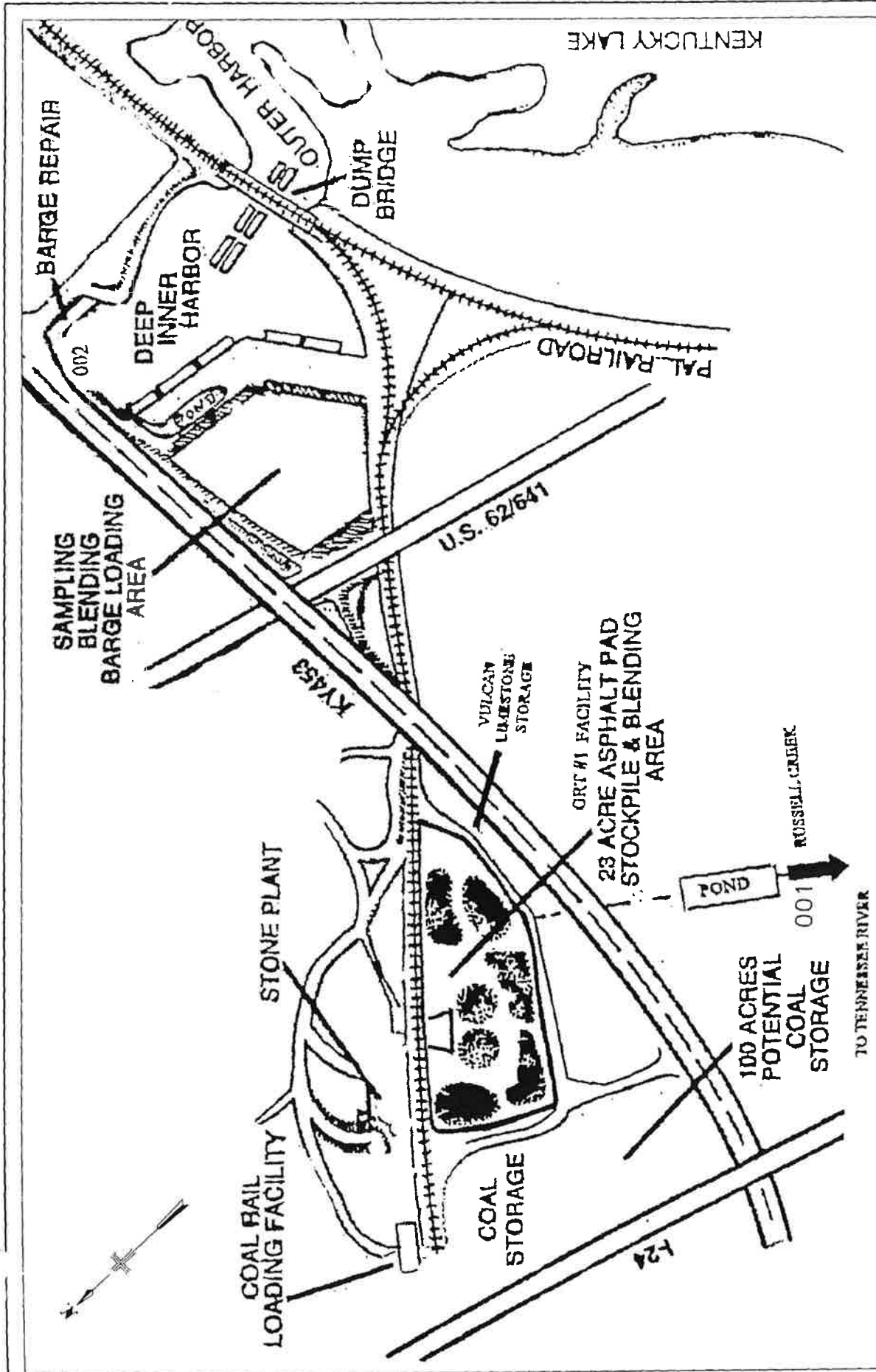
[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA	NA	NA	NA	NA	NA

7. Provide a description of the method of flow measurement or estimate.

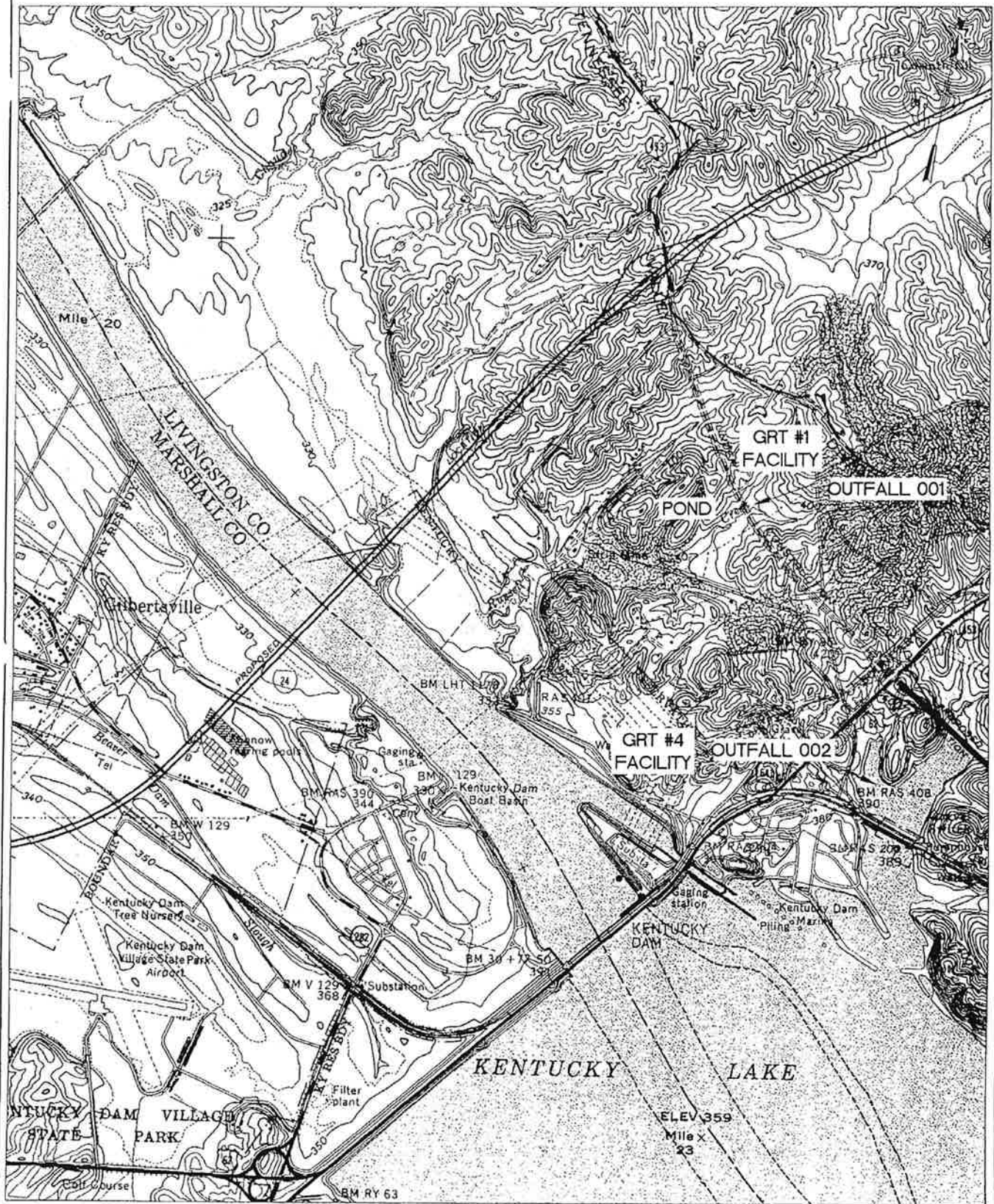
NA



**MALCOLM
PIRNIE**

FACILITY MAP
GRAND RIVERS TERMINALS #1 & #4
KINDER MORGAN BULK TERMINALS, INC.
SORRENTO, LOUISIANA

MALCOLM PIRNIE, INC.
AUGUST 2003
FIGURE 2
SCALE: N.T.S.



(TAKEN FROM USGS 7.5' QUADRANGLE FOR CALVERT CITY, KY)